|  |
| --- |
| This notice should be completed by a person who holds a Certificate of Competency, or any other authorisation required by or under a law of New Zealand for the carrying out of a seafarer occupation, and wishes to carry on an equivalent occupation in Australia.  For further information, please contact [amsaconnect@amsa.gov.au](mailto:amsaconnect@amsa.gov.au) |

**A. Individual details** (complete all boxes)

Title (Mr/Mrs/Ms/Dr) Family name\* Given names

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **­­­** |  |  |  |  |

*\*Your family name will appear* ***after*** *your given names on your certificate*

Date of birth Place of birth (town, state, country) Nationality

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Residential address

|  |  |  |  |
| --- | --- | --- | --- |
| Street number and name | Town/suburb | State | Postcode |

Postal address (if different from above)

|  |  |  |  |
| --- | --- | --- | --- |
| Street number and name | Town/suburb | State | Postcode |

Contact numbers

|  |  |  |  |
| --- | --- | --- | --- |
| Home phone | Business phone | Mobile | Email |

**B. Applicant’s photograph and signature** (to appear on the certificate)

*Include* ***two (2)*** *recent photographs of yourself, taken within the previous 6 months. Attach one below and include a 2nd unattached photograph.*

|  |  |  |
| --- | --- | --- |
|  | Specimen signature is required for digital imaging into your AMSA-issued certifcate.  Please use a **BLACK** pen and **ensure your signature fits inside the box.**  To ensure that we have a clear signature for purposes of digital imaging, it may be necessary to obtain a second signature from you. |  |
|  |
|  |

**Notes**

**Photographs**

Two (2) colour, passport-style photographs of yourself taken within the last six (6) months are required. The photographs must be:

* A full front view of your head and shoulders without any head covering or tinted glasses. If you wear a head covering for religious reasons, photographs that show your facial features will be accepted. If you normally wear prescription glasses, you should be wearing glasses with untinted lenses in the photograph.
* The photographs must have a plain light coloured background.

Poor quality photographs will not be accepted. The photograph reproduced on your certificate may appear slightly different from that supplied.

**C. Proof of Identity**

*Provide proof of identification from one of the options below:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Option 1** | Your current New Zealand passport | | |
|  | | | |
| **Option 2** **EITHER** | **AND** One of: | | |
| your full New Zealand birth certificate  OR  your New Zealand Citizenship certificate | Your current drivers licence | |  |
| A photographic identification document issued by an Australian, State or  Territory or New Zealand government agency | |  |
| * Your current Australian Medicare card; and |  |  |
| * a current account card from a bank that shows your signature |  |  |

**D. Individual status**

*You must answer the following questions before the National Regulator considers this notice. Tick either YES or NO for each item. If the answer to any of the following questions is YES, please provide further details in the space provided (continue on a separate page if necessary and attach).*

|  |  |  |
| --- | --- | --- |
| 1 | Are you subject to any disciplinary proceedings in Australia or New Zealand, including any preliminary investigations or action that might lead to disciplinary proceedings, in relation to your occupation as a seafarer? | Yes  No |
| 2 | Is your registration (that is, your entitlement to carry out a seafarer occupation) cancelled or currently suspended as a result of disciplinary action in Australia or New Zealand? | Yes  No |
| 3 | Are you otherwise personally prohibited from carrying on the occupation of a seafarer anywhere in  Australia or New Zealand, and are you subject to any special conditions in carrying on the occupation of a seafarer, as a result of criminal, civil or disciplinary proceedings in any State or Territory?; | Yes  No |
| 4 | Are you subject to any special conditions in carrying on the seafarer occupation in Australia or New Zealand? | Yes  No |

|  |
| --- |
|  |

**E. Licences, Tickets or Certificates of Competency held**

*Individuals must provide either the original or a copy of their current New Zealand and any Australian seafarer Certificate(s) of Competency held. If the original or a copy cannot be provided you must provide sufficient information to identify yourself and your registration in an equivalent occupation.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate Number** | **Class/Grade** | **Issue Date** | **Expiry Date** | **Conditions, Endorsements or Restrictions** |
|  |  |  |  |  |
| **Place of Issue** | | **Issuing Authority** | | |
|  | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate Number** | **Class/Grade** | **Issue Date** | **Expiry Date** | **Conditions, Endorsements or Restrictions** |
|  |  |  |  |  |
| **Place of Issue** | | **Issuing Authority** | | |
|  | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate Number** | **Class/Grade** | **Issue Date** | **Expiry Date** | **Conditions, Endorsements or Restrictions** |
|  |  |  |  |  |
| **Place of Issue** | | **Issuing Authority** | | |
|  | |  | | |

**F. Checklist of forms/documents attached**

*Please provide the original or a copy of the document evidencing your existing seafarer registration (that is, your entitlement to carry out a seafarer occupation). If there is no such document you must provide sufficient information to identify yourself and your registration in an equivalent occupation.*

Current New Zealand Certificate(s) of Competency

Evidence of New Zealand permanent residency or citizenship

Certified copy of Proof of Identity

Certified copy of AMSA Medical (STCW qualifications) <https://www.amsa.gov.au/qualifications-training/international-qualifications/medical-fitness-international-certificates>

Current photograph

**G. Applicant’s declaration and consent**

* I certify that the attached document which evidences my existing registration (that is, your entitlement to carry on a seafarer occupation) is the original or a complete and accurate copy of the original.)
* I am registered for the occupation as per my New Zealand qualification and I seek registration as in accordance with the Trans-Tasman mutual recognition principle.
* I consent to the Australian Maritime Safety Authority, as the National Regulator, making enquiries of, and exchanging information with, the New Zealand authorities regarding my activities in the relevant occupation or occupations or otherwise regarding matters relevant to this notice.
* I understand and acknowledge that a person is guilty of an offence under section 137.1 of the *Criminal Code Act 1995* if the person gives false or misleading information, or omits anything without which is misleading to a Commonwealth entity; a person who is exercising powers or performing functions under a law of the Commonwealth, or the information is given in compliance or purported compliance with a law of the Commonwealth.

Signature of individual Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |
| --- |
| **Privacy Statement**  The purpose of collecting this information is to allow the National Regulator to make a decision about your notice in accordance with the *Trans-Tasman Mutual Recognition Act 1997*.  This information may be passed to Commonwealth, State/Territory or New Zealand government agencies for this purpose. |

Send your application to us along with copies of all supporting documents and your photograph to [SCSApplications@amsa.gov.au](mailto:SCSApplications@amsa.gov.au)

**Payment of fees**

The fees required for the application is the Certificate fee - $190 each.

When we receive your email, we will let you know how to pay the fee for your application via the AMSA online portal.

**Note**: Your application will be assessed by AMSA once we have all of the required documents and confirmed payment.

**What happens next?**

You are entitled to carry on the equivalent seafarer occupation following lodgement of your notice, and pending the granting or refusal of registration. AMSA has one month from receiving a complete application in which to grant, postpone or refuse registration. Holders of a domestic qualification will receive a letter of registration issued by email and holders of an STCW qualification will receive a Certificate of Recognition.

**Further information**

For further information, please contact [amsaconnect@amsa.gov.au](mailto:amsaconnect@amsa.gov.au)

**Lodgement of documentation to support your application**

If the form is completed incorrectly it may be returned to you for correction, resulting in a delay in processing.

**How to obtain certified copies**

A certified copy is a copy of an original document (not a copy of a copy) that has been certified as a true and correct copy by a person who is authorised to witness a statutory declaration (see list below).

Certified copies can be obtained by presenting the original document together with a photocopy of that document to an authorised person for them to sight and certify.

Persons who are authorised to witness statutory declarations (under the *Commonwealth Statutory Declarations Act 1959*) include:

|  |  |
| --- | --- |
| * Accountant (Chartered or Certified) * Commissioner for Declarations * Legal Practitioners * Police Officer * Teacher * Clerk of a Court * Dentist | * Nurse * Post Office Manager * Veterinary Surgeon * Commissioner for Affidavits * Justice of the Peace * Pharmacist * Sheriff or Sheriff’s Officer |